PATENT APPLICATION FEE DETERMINATION RECO

Application or Docket Number

0/532964

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY TYPE | | OR | OTHER THAN SMALL ENTITY | |
|--|--|---|---------------------|---|----------------------|---------------------------------------|---------------------|------------------------|----|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES | | | | • | | | RATE | FEE | | RATE | FEE |
| BÁSIC FEE | | | SMALL ENT. = \$ 150 | | LAR | RGE ENT. = \$ 300 | BASIC FEE | | OR | BASIC FEE | 3/1 |
| EXAMINATION FEE | | | | T Article 33(1)- 50 / \$ 100 | | other situations = \$ 100 / \$ 200 | EXAM. FEE | | | EXAM. FEE | 3(1) |
| SEARCH FEE | | | ALL other | = \$ 50 / \$ 100 countries = / \$ 400 | | other situations = \$ 250 / \$ 500 | SEARCH FEE | | | SEARCH FEE | 5W |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | X \$ 125 = | * |]: | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 1.7 | minus 20 = | * | | X \$ 25 = | | OR | X \$ 50 = | |
| IND | EPENDENT C | LAIMS | 1 | minus 3 = | • | | X \$ 100 = | | OR | X \$ 200 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | TOTAL | | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID F | BER USLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = | . X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | X \$ 100 = | | OR | X \$ 200 = | |
| İ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | TOTAL ADDIT. FEE | | OR | FEE | |
| | | (Column 1) | | (Colum | ın 2) | (Column 3) | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIOU PAID F | ST ER USLY | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | • | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | •. | Minus | *** | | = · | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | · · · · · · · · · · · · · · · · · · · | | | | - | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| ** | If the "Highest Nu If the "Highest Nu | mn 1 is less than the mber Previously Pale mber Previously Pale mber Previously Pale | For IN THIS | SPACE is less | than '20 than '3' | 0', enter "20". | he appropriate box | In column 1. | | | |